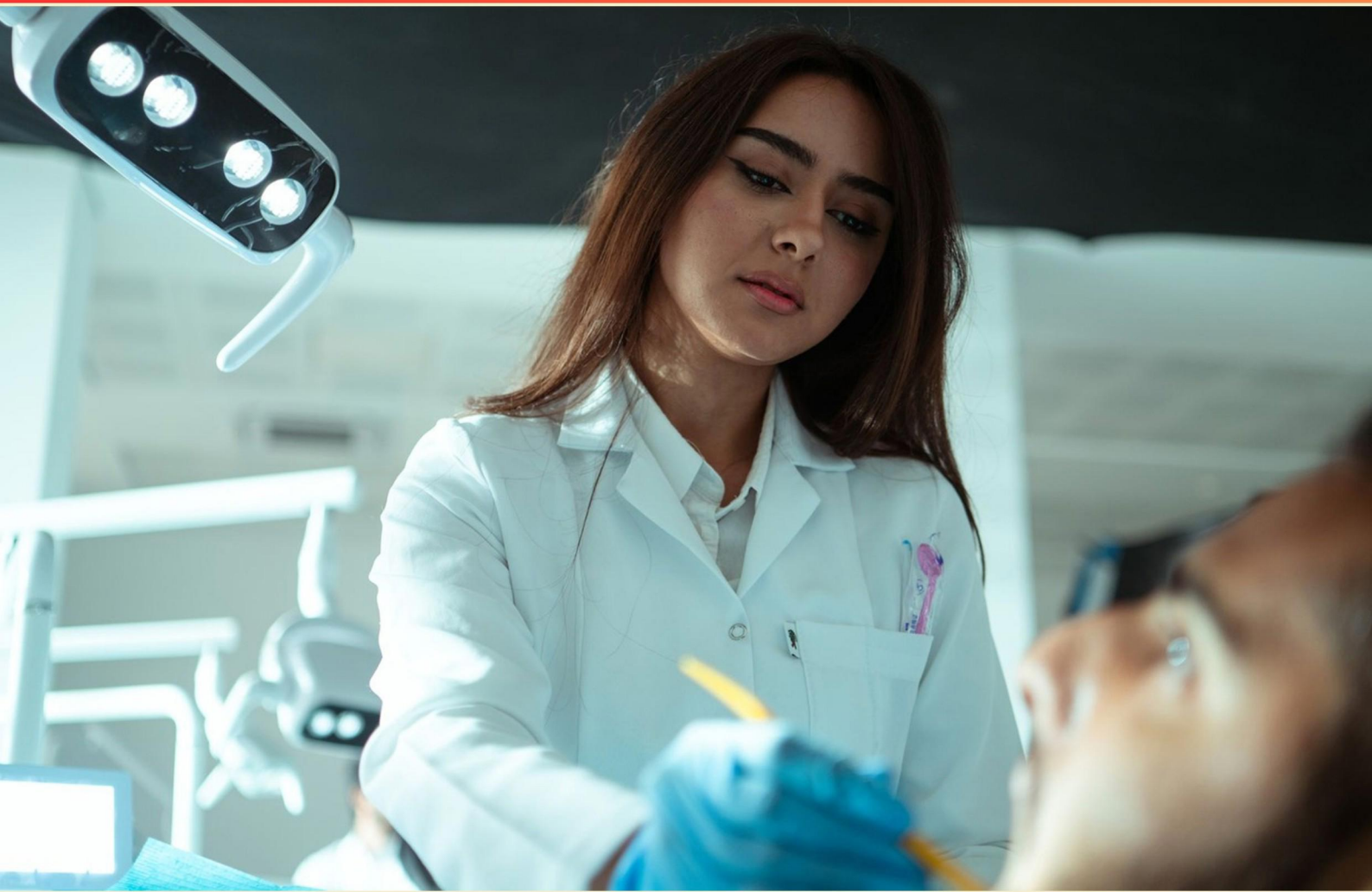


HESI COMPASS PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://hesicompass.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

SAMPLE

- 1. Which finding in a medical record might require contacting the physician before administering Risperidone (Risperdal)?**
 - A. A history of cataracts
 - B. A history of hypothyroidism
 - C. Use of prescribed antihypertensive medication
 - D. Allergy to acetylsalicylic acid (aspirin)
- 2. When a nurse is monitoring for effects of cisplatin chemotherapy, which condition should raise concern for auditory dysfunction?**
 - A. If the client reports bloating
 - B. If the client develops hearing loss
 - C. If the client experiences nausea
 - D. If the client feels fatigued
- 3. What condition would lead a nurse to recommend a client with myasthenia gravis to use a specific medication for symptom management?**
 - A. Pain management
 - B. Increased muscle strength
 - C. Reduction in blood pressure
 - D. Management of anxiety symptoms
- 4. What does a client's reaction of fear signify after being told about a possible pancreatic cancer diagnosis?**
 - A. Denial
 - B. Acceptance
 - C. Fear
 - D. Preoccupation with self
- 5. When developing care for a client with paranoid personality disorder, which characteristic is most important for the nurse to consider?**
 - A. Inflexible and rigid
 - B. Self-sacrificing and submissive
 - C. Highly critical of self and others
 - D. Projecting blame, possibly becoming hostile

- 6. For patients with a myocardial infarction, which position might the nurse recommend to promote comfort?**
- A. Sitting up
 - B. Supine
 - C. Left lateral
 - D. Trendelenburg
- 7. A postpartum nurse is assessing a client for lochia characteristics. Which finding should the nurse advise the client to report immediately?**
- A. Pink lochia on postpartum day 4
 - B. White lochia on postpartum day 11
 - C. Bloody lochia on postpartum day 2
 - D. Reddish lochia on postpartum day 8
- 8. In which situation should a nurse administer a medication immediately?**
- A. When a physician prescribes a higher than normal dose
 - B. When a client reports allergic reactions
 - C. When a client's vital signs are stable
 - D. When a client refuses medication
- 9. If a client expresses doubt about administering enteral feedings, what is the best nursing response?**
- A. "You will become more comfortable with practice."
 - B. "Tell me more about your concerns regarding the tube feedings."
 - C. "We will ask the doctor for a home health nurse."
 - D. "You can always come back to the hospital for help."
- 10. What is the priority intervention for a nurse upon the arrival of a client with carbon monoxide poisoning?**
- A. Administering 100% oxygen
 - B. Having a crisis counselor available
 - C. Instituting suicide precautions
 - D. Obtaining blood for carboxyhemoglobin level

Answers

SAMPLE

1. C
2. B
3. B
4. C
5. D
6. A
7. D
8. C
9. B
10. A

SAMPLE

Explanations

SAMPLE

1. Which finding in a medical record might require contacting the physician before administering Risperidone (Risperdal)?

- A. A history of cataracts
- B. A history of hypothyroidism
- C. Use of prescribed antihypertensive medication**
- D. Allergy to acetylsalicylic acid (aspirin)

Contacting the physician before administering Risperidone is necessary primarily because the use of prescribed antihypertensive medication could pose a risk for the patient. Risperidone has the potential to lower blood pressure, and when combined with antihypertensive medications, this effect may be amplified. The interaction can lead to significant hypotension, especially during the initiation of treatment or dosage adjustments. Therefore, it's important to ensure that the physician is aware of this situation to potentially adjust the antihypertensive regimen or monitor the patient more closely. While the other medical history items may require monitoring or consideration, they do not typically necessitate immediate communication with the physician before administering Risperidone. A history of cataracts may warrant some attention due to possible side effects of antipsychotics on vision, and hypothyroidism could affect medication metabolism, but these concerns are generally not as urgent in terms of immediate safety as the interaction with antihypertensive medications. Similarly, an allergy to acetylsalicylic acid is relevant but does not directly influence the administration of Risperidone.

2. When a nurse is monitoring for effects of cisplatin chemotherapy, which condition should raise concern for auditory dysfunction?

- A. If the client reports bloating
- B. If the client develops hearing loss**
- C. If the client experiences nausea
- D. If the client feels fatigued

Cisplatin is a chemotherapy agent known for its potential ototoxicity, which means it can cause damage to the auditory system and lead to hearing loss. Monitoring auditory function is a crucial aspect of nursing care for patients receiving cisplatin. The correct answer, which involves the client developing hearing loss, is significant because it directly indicates a potential adverse reaction to the medication that requires further evaluation and possibly intervention. If a patient reports hearing loss while undergoing treatment with cisplatin, it signals a need for the healthcare team to assess the extent of the impairment and, if necessary, implement measures such as audiology consultations or adjusting the chemotherapy regimen to minimize further risks. In contrast, symptoms like bloating, nausea, or fatigue, while relevant to the overall assessment of the patient's condition, do not specifically relate to the risk of auditory dysfunction associated with cisplatin. Therefore, they are less critical in this particular context of monitoring for auditory side effects.

3. What condition would lead a nurse to recommend a client with myasthenia gravis to use a specific medication for symptom management?

- A. Pain management
- B. Increased muscle strength**
- C. Reduction in blood pressure
- D. Management of anxiety symptoms

In the context of myasthenia gravis, which is an autoimmune neuromuscular disorder characterized by weakness in the skeletal muscles, the primary treatment goal is to improve muscle strength and function. The specific medication that is often recommended for managing symptoms in patients with this condition is typically a cholinergic agent, such as pyridostigmine. This medication works by inhibiting the enzyme that breaks down acetylcholine, thereby increasing the availability of this neurotransmitter at the neuromuscular junction and facilitating improved communication between nerves and muscles. Increasing muscle strength is essential for patients with myasthenia gravis, as they experience fluctuating degrees of muscle weakness. By utilizing medications that promote increased muscle strength, the nurse can help the client manage the debilitating symptoms of the disease more effectively. The other options do not align directly with the primary goals of treatment for myasthenia gravis. Pain management is important, but it is not the primary focus of therapy. While patients may experience issues related to blood pressure or anxiety, these are not the predominant concerns addressed by standard medical interventions designed specifically for enhancing muscle strength in this condition. Thus, increased muscle strength is the key factor in recommending specific medication for symptom management in patients with

4. What does a client's reaction of fear signify after being told about a possible pancreatic cancer diagnosis?

- A. Denial
- B. Acceptance
- C. Fear**
- D. Preoccupation with self

A client's reaction of fear after being informed about a potential pancreatic cancer diagnosis highlights the emotional and psychological responses that can arise when faced with serious health concerns. This fear can stem from various sources, including uncertainty about the diagnosis itself, anxiety about the treatment process, concerns about the implications for their health and future, and possible feelings of vulnerability. In this context, fear is a natural emotional response to a perceived threat. The weight of the diagnosis can evoke anxiety about the unknown, worries about mortality, or apprehension regarding the impact on loved ones and one's quality of life. It is a straightforward reaction that reflects the seriousness of the situation and the potential consequences it carries. While other options might represent different emotional responses, fear specifically captures the essence of the immediate reaction a client might experience in the face of a life-threatening diagnosis. Understanding this emotional response is crucial for healthcare professionals as it helps guide supportive measures and interventions that address the client's psychological needs during such a challenging time.

5. When developing care for a client with paranoid personality disorder, which characteristic is most important for the nurse to consider?

- A. Inflexible and rigid
- B. Self-sacrificing and submissive
- C. Highly critical of self and others
- D. Projecting blame, possibly becoming hostile**

In the context of caring for a client with paranoid personality disorder, it is crucial to understand the tendency for individuals with this disorder to project blame onto others and potentially display hostility. This projection is rooted in their pervasive distrust and suspicion of others, leading them to interpret others' actions as deliberately threatening or contemptuous. Recognizing this characteristic allows the nurse to approach the client with an appropriate level of caution and empathy, which can help establish trust. Moreover, being aware of the potential for hostility is vital for creating a safe therapeutic environment. It directs the nurse to remain vigilant about the client's emotional state and be prepared to manage escalating tensions. This understanding helps in formulating interventions that prioritize de-escalation techniques and foster a sense of safety for both the client and the healthcare team. The other characteristics, while relevant to understanding the behavior of individuals with paranoid personality disorder, do not encapsulate the immediate risk factors associated with the disorder as pointedly as projection of blame and hostility do. Therefore, addressing the potential for blame and hostility is essential in developing an effective care plan.

6. For patients with a myocardial infarction, which position might the nurse recommend to promote comfort?

- A. Sitting up**
- B. Supine
- C. Left lateral
- D. Trendelenburg

Recommending the sitting up position for patients with a myocardial infarction is appropriate because this position can help reduce the workload on the heart. When a patient sits upright, gravity assists in reducing venous return, thereby decreasing cardiac preload. This can alleviate symptoms of dyspnea and provide comfort, particularly if the patient is experiencing chest pain or shortness of breath. Additionally, sitting up can facilitate easier breathing and help improve oxygenation as it allows for better lung expansion. This position is often instinctively chosen by patients in distress because it allows them to engage more muscles to assist with respiration, making it a practical recommendation in a clinical setting. The other positions mentioned may not provide the same level of comfort or support the physiological needs of a patient experiencing a myocardial infarction. For example, lying supine may increase the workload on the heart and could exacerbate difficulties in breathing. Left lateral position could also hinder optimal respiratory function in such patients, and the Trendelenburg position is generally not recommended in this context as it can increase venous return too much and put unnecessary strain on the heart.

7. A postpartum nurse is assessing a client for lochia characteristics. Which finding should the nurse advise the client to report immediately?

- A. Pink lochia on postpartum day 4
- B. White lochia on postpartum day 11
- C. Bloody lochia on postpartum day 2
- D. Reddish lochia on postpartum day 8**

During the postpartum period, it is essential to monitor the characteristics of lochia, which is the vaginal discharge that occurs after childbirth. Lochia can transition through different colors and consistencies, typically changing from lochia rubra (bright red) to lochia serosa (pink or brown) and then to lochia alba (yellow or white). Finding reddish lochia on postpartum day 8 should raise concern and be reported immediately. By day 8, a woman is usually transitioning into lochia serosa, which is expected to be pink or brownish. The presence of bright red lochia at this stage could indicate active bleeding or retained placental fragments, warranting further evaluation. In contrast, pink lochia on postpartum day 4 is within the normal range as it indicates the expected transition to lochia serosa. White lochia on postpartum day 11 is also typical since it indicates the normal progression into lochia alba. Similarly, bloody lochia on postpartum day 2 is expected shortly after delivery when lochia rubra is normal. Each of these findings is consistent with the expected changes in lochia during the postpartum period, while reddish lochia on day 8 is concerning and should be assessed promptly.

8. In which situation should a nurse administer a medication immediately?

- A. When a physician prescribes a higher than normal dose
- B. When a client reports allergic reactions
- C. When a client's vital signs are stable**
- D. When a client refuses medication

Administering medication immediately is most appropriate when a client's vital signs are stable. This indicates that the client is in a relatively safe and controlled state, allowing the nurse to proceed with the medication as prescribed. The stability of vital signs suggests that there is no immediate risk to the client, which is a crucial factor when considering the timing of medication administration. In clinical practice, the stability of vital signs is essential for ensuring that the medication will not adversely affect the client's condition. Administering medication in the context of stable vital signs allows healthcare providers to effectively manage the patient's treatment needs without exacerbating any existing issues. The other scenarios highlight situations where caution is warranted. A higher than normal dose prescribed by a physician would typically require further evaluation and possible consultation before administration. When a client reports allergic reactions, immediate action may be required to address those reactions rather than proceeding with medication. A client who refuses medication indicates a need for further assessment and education about the treatment plan rather than immediate administration.

9. If a client expresses doubt about administering enteral feedings, what is the best nursing response?

- A. "You will become more comfortable with practice."
- B. "Tell me more about your concerns regarding the tube feedings."**
- C. "We will ask the doctor for a home health nurse."
- D. "You can always come back to the hospital for help."

The most effective response in this situation is to encourage the client to share their concerns about tube feedings. By asking, "Tell me more about your concerns regarding the tube feedings," the nurse opens a dialogue that allows the client to express their feelings and hesitations. This approach fosters trust and rapport, demonstrating that the nurse values the client's feelings and is attentive to their worries. Understanding a client's concerns is crucial, as it allows the nurse to provide tailored information, reassurance, and education regarding the enteral feeding process. It can also help identify any misconceptions or fears that the client may have, enabling the nurse to address these directly and thoughtfully. This response promotes patient-centered care, which is essential in nursing practice. Encouraging a discussion also empowers the client, making them feel more involved in their care plan and more likely to adhere to the prescribed treatments once they feel heard and understood.

10. What is the priority intervention for a nurse upon the arrival of a client with carbon monoxide poisoning?

- A. Administering 100% oxygen**
- B. Having a crisis counselor available
- C. Instituting suicide precautions
- D. Obtaining blood for carboxyhemoglobin level

Administering 100% oxygen is the priority intervention for a client presenting with carbon monoxide poisoning because carbon monoxide (CO) binds to hemoglobin in the blood, forming carboxyhemoglobin, which prevents effective oxygen transport to tissues. High concentrations of CO can lead to hypoxia and cellular damage. The provision of 100% oxygen helps to displace carbon monoxide from hemoglobin, reducing its concentration in the blood and facilitating the elimination of CO from the body. This intervention is critical in managing the acute effects of CO poisoning and improving oxygen delivery to vital organs. While obtaining blood for carboxyhemoglobin levels is important for diagnosis and monitoring, it does not provide immediate treatment for the life-threatening effects of CO exposure. Having a crisis counselor available may be beneficial, especially if the incident is tied to potential self-harm or suicidal ideation, but it does not address the immediate medical emergency. Instituting suicide precautions might be relevant in specific contexts but does not take precedence over addressing the acute physiological danger presented by carbon monoxide poisoning. Thus, providing 100% oxygen is the most urgent and effective intervention in this scenario.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://hesicompass.examzify.com>

We wish you the very best on your exam journey. You've got this!

SAMPLE